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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 09/311,466 05/13/1999 PAT 6,352,240  
*verified EK 8 AUG 2004*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none EK 8 AUG 2004*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☐ yes ☒ no Met after Allowance *EK*

Verified and Acknowledged *EK* Examiner's Signature Initials

ADDRESS

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TITLE

Hydraulic control apparatus for a hospital bed

FILING FEE  RECEIVED 962	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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